

<i>SERFF Tracking Number:</i>	<i>LDRE-125593985</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G3108F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>GL Endorsing Form/G3108F</i>		

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial General Liability

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: G3108F

Filing Type: Form

Co Status:

Author: Joy Landholm

Date Submitted: 04/03/2008

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

State Filing Description:

SERFF Tr Num: LDRE-125593985 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: GL Endorsing Form

Project Number: G3108F

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Our Company is filing the following Independent Commercial General Liability Endorsing Form with your Department for all policies written to become effective on or after June 1, 2008:

EG L0 01 05 08 – General Liability Change

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our domicile state, is file and use

Reference Number:

Advisory Org. Circular:

Deemer Date:

The only change we have made on this endorsing form is under the Limits of Insurance, the title has been updated from

SERFF Tracking Number: LDRE-125593985 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: G3108F
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Commercial General Liability
 Project Name/Number: GL Endorsing Form/G3108F

Fire Damage (Any One Fire) to Damage to Premises Rented to You Limit (Any One Fire) to match our corresponding form's title.

Form EG L0 01 05 08 replaces Form EG L0 01 04 04 which was approved by your Department effective January 1, 2003.

We have attached a mark-up copy of the revision we made.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician j.landholm@gwccnet.com
 1100 W. 29th Street (800) 228-8602 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, our domicile state, has NO filing fees

1 filing X \$50.00 = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	04/03/2008	19263203

SERFF Tracking Number:	LDRE-125593985	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G3108F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	GL Endorsing Form/G3108F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/17/2008	04/17/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
General Liability Changes	Form	Joy Landholm	04/07/2008	04/07/2008

<i>SERFF Tracking Number:</i>	<i>LDRE-125593985</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G3108F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>GL Endorsing Form/G3108F</i>		

Disposition

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRE-125593985	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G3108F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	GL Endorsing Form/G3108F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	mark-up copy	Approved	Yes
Form (revised)	General Liability Changes	Approved	Yes
Form	General Liability Changes	Approved	Yes

SERFF Tracking Number: LDRE-125593985 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: G3108F
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Commercial General Liability
 Project Name/Number: GL Endorsing Form/G3108F

Amendment Letter

Amendment Date:
 Submitted Date: 04/07/2008

Comments:

It has been discovered that the wrong Form Number has been put on the Form Schedule.
 The correct form is attached to the Form Schedule.

I am updating to make sure the correct form Number is described on the Form Tab.

Sorry for any inconvenience.

Joy Landholm

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
General Liability Changes	EG L0 01	05 08	Endorsement/Amendment/Conditions	Replaced	EG L0 01 04		0	EG L0 01 05 08.pdf

SERFF Tracking Number:	LDRE-125593985	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G3108F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	GL Endorsing Form/G3108F		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	General Liability Changes	EG L0 01	05 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 EG L0 01 04 04 Previous Filing #:		EG L0 01 05 08.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY CHANGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS is changed as follows:

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)

Products-Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

Damage to Premises Rented to You

Any One Fire

Medical Expense Limit

Any One Person

SCHEDULE

Location of All Premises You Own, Rent or Occupy and Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
Total Advance Premium						

<i>SERFF Tracking Number:</i>	<i>LDRE-125593985</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G3108F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>GL Endorsing Form/G3108F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRE-125593985	State:	Arkansas
Filing Company:	Great West Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	G3108F		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Commercial General Liability		
Project Name/Number:	GL Endorsing Form/G3108F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/17/2008
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Comments:

Attachments:

PC TD-1.pdf

PC FFS-1.pdf

Satisfied -Name:	mark-up copy	Review Status:	Approved	04/17/2008
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Comments:

Attachment:

EG L0 01 05 08 mark-up.pdf

Property & Casualty Transmittal Document

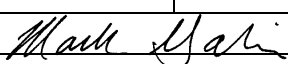
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #: LDRE- 125593985</td></tr> <tr> <td>h. Subject Codes:</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business:		Renewal Business:		f. State Filing #:		g. SERFF Filing #: LDRE- 125593985		h. Subject Codes:	
a. Date the filing is received:																					
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g. SERFF Filing #: LDRE- 125593985																					
h. Subject Codes:																					

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G3108F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2 - Other Liability - Occ Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2002 Comm General Liab
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial General Liability
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 06-01-2008 Renewal: 06-01-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	04-03-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	G3108F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Our Company is filing the following Independent Commercial General Liability Endorsing Form with your Department for all policies written to become effective on or after June 1, 2008:

EG L0 01 05 08 – General Liability Change

The only change we have made on this endorsing form is under the Limits of Insurance, the title has been updated from Fire Damage (Any One Fire) to Damage to Premises Rented to You Limit (Any One Fire) to match our corresponding form's title.

Form EG L0 01 05 08 replaces Form EG L0 01 04 04 which was approved by your Department effective September 1, 2004.

We have attached a mark-up copy of the revision we made.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	G3108F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	General Liability Change	EG L0 01 05 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	EG L0 01 04 04	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY CHANGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS is changed as follows:

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate Limit	
Personal and Advertising Injury Limit	
Each Occurrence Limit	
Fire Damage Limit <u>Damage to Premises Rented to You</u>	Any One Fire
Medical Expense Limit	Any One Person

SCHEDULE

Location of All Premises You Own, Rent or Occupy and Classification	Code No.	Premium	Rate		Advance Premium	
		Basis	Pr/Co	All Other	Pr/Co	All Other
						Total Advance Premium

<i>SERFF Tracking Number:</i>	<i>LDRE-125593985</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>G3108F</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>GL Endorsing Form/G3108F</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	General Liability Changes	04/03/2008	EG L0 01 05 08.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY CHANGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS is changed as follows:

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)

Products-Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

Damage to Premises Rented to You

Any One Fire

Medical Expense Limit

Any One Person

SCHEDULE

Location of All Premises You Own, Rent or Occupy and Classification	Code No.	Premium Basis	Rate Pr/Co	Rate All Other	Advance Premium Pr/Co	Advance Premium All Other
Total Advance Premium						